



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 12/29/2014 09:32 AM [REDACTED]
 Track Assigned: Special Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 12/29/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED] CPS Special Investigation
 Date/Time Assigned: 12/29/2014 01:29 PM
 First Team Leader Assigned: [REDACTED] Date/Time: 12/29/2014 01:29 PM
 First Case Manager: [REDACTED] Date/Time: 12/29/2014 01:29 PM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	17 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: Family Case IDs: [REDACTED]

Open Court Custody Yes, FSW [REDACTED] Begin date 8/28/14. No end date.
 Closed Court Custody No

Open: No
 Substantiated: No
 Death: No
 Number of Screen Outs: 0

History (not listed above): INV/[REDACTED] PYA/ 10-08-13/Unsubstantiated

Pending: No

**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Awaiting Screening: No
Submitted: No

Sex Offender Registry: No

County: [REDACTED]
Notification: Email
School/ Daycare: Unknown
Native American Descent: Unknown
Directions: none given

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (17) was in DCS custody and placed at [REDACTED] in [REDACTED] TN.

[REDACTED] father is [REDACTED] and he resides in [REDACTED] County. There is no one else living in the home. [REDACTED] had a home pass from 12-24-14 through 12-28-14. [REDACTED] was supposed to be with his father in [REDACTED] TN during that time.

This morning [REDACTED] counselor, [REDACTED] advised that [REDACTED] did not return from his home pass on December 28, 2014. Ms. [REDACTED] advised that she spoke with Mr. [REDACTED] this morning (no specific time given) and that Mr. [REDACTED] advised that [REDACTED] attempted suicide December 28, 2014 and that he had been rushed to [REDACTED]. At this time, it is unknown if this is the [REDACTED] location in [REDACTED] County or another location. The reporter then contacted Mr. [REDACTED] after speaking with [REDACTED]. Mr. [REDACTED] was asked how [REDACTED] was doing. Mr. [REDACTED] advised that [REDACTED] had passed away. Mr. [REDACTED] was not asked about the details regarding [REDACTED] reported suicide.

The reporter does not know what the stressors were that caused [REDACTED] to commit suicide. [REDACTED] has had four prior psychiatric commitments in the last two years due to suicidal and homicidal ideations. The reporter was advised that per policy they are to call in this referral so that the matter can be investigated.

At this time, it is unknown where the alleged suicide occurred. It is unknown where [REDACTED] body is at this time. The reporter was advised by Regional Administrator, [REDACTED] and Team Coordinator, [REDACTED] to contact [REDACTED] and request that they not release [REDACTED] body until an autopsy is completed. Personnel at [REDACTED] are not yet aware of [REDACTED] passing. The reporter has not spoken with law enforcement. The reporter does not have any further details regarding this matter at this time.

The address for [REDACTED] is [REDACTED]

Special Needs or Disabilities: None known or reported.
Any other safety concerns for the worker who may respond: None known

Per SDM: Investigative Track, P1-Child Death. 12/29/14 @ 10:13am by [REDACTED] CM2

[REDACTED] was notified along with [REDACTED]

P1 on 12/29/14 @ 12:09pm by [REDACTED], CM3

Extended intake:
Referral ID #: [REDACTED]
Date of referral: 12/29/14
Reporter's name and contact number: [REDACTED]
Victim(s) name: [REDACTED]



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

New information that needs to be included in the original referral:

CM [REDACTED] spoke with Team Coordinator [REDACTED] with [REDACTED]. Ms. [REDACTED] stated the Regional Administrator, [REDACTED] advised Team Coordinator, [REDACTED] and CM [REDACTED] to contact [REDACTED] and request that they not release [REDACTED] body until an autopsy is completed. It is still unknown in which [REDACTED] is, according to TC [REDACTED] CM [REDACTED] spoke with [REDACTED] at [REDACTED] CM [REDACTED] is waiting for a call from [REDACTED] at this time. CM [REDACTED] was in a meeting at the time CM [REDACTED] spoke with TC [REDACTED] CM who took the new information: Case Manager [REDACTED]
Date/Time of the extended referral: 12/29/14 @ 10:50am

Referral ID #: [REDACTED]

Date of referral: 12/29/14

Reporter's name and contact number: [REDACTED]

Victim(s) name: [REDACTED]

New information that needs to be included in the original referral:

[REDACTED] informed CM [REDACTED] on 12/29/14 @ 12:23pm that he spoke with [REDACTED] with [REDACTED] Ms. [REDACTED] informed CM [REDACTED] that [REDACTED] did not have any records of [REDACTED] being at their hospital. CM [REDACTED] stated he is calling around to all of the local hospital to find out where [REDACTED] is located. The father is an ex-military. CM who took the new information: Case Manager [REDACTED]
Date/Time of the extended referral: 12/29/14 @ 12:23pm

Recon on 12/29/14 at 12:43pm by [REDACTED], CM3-Per [REDACTED] this referral goes to SIU.



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Asian **Age:** 17 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 17 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 57 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral**

A. Investigation

Case Name: [REDACTED]
Referral Date: 12/29/2014
Street Address: [REDACTED]
City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]
Assignment Date: 01/07/2015

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/08/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Based on information gathered during the SIU Investigation the "death" of [REDACTED] was suicide.
Office of the Medical Examiner
Case: [REDACTED]
County: [REDACTED]
District Attorney General: Honorable [REDACTED]
Cause of Death: Hanging
Manner of Death: Suicide
Circumstances of Death: Hanged self

D. Case Workers

Case Worker: [REDACTED] Date: 04/04/2015
Team Leader: [REDACTED] Date: 04/06/2015

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

SIU [REDACTED] was unable to observed ACV: [REDACTED] (Expired 12/28/14) D.C.S Child Abuse Hotline/Staff notified of death on 12/29/14.

SIU, [REDACTED] conducted a home visit on 12/29/14; Interview conducted with [REDACTED] (father).

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion of the incident(s)/allegation(s)?

Autopsy Report Requested by D.C.S and Law Enforcement [REDACTED] County Sheriff's Department; Det. [REDACTED]



**Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral**

Case Name : [REDACTED]

Investigation ID: [REDACTED]

Office of the Medical Examiner

Case: [REDACTED]

County: [REDACTED]

District Attorney General: Honorable [REDACTED]

Cause of Death: Hanging

Manner of Death: Suicide

Circumstances of Death: Hanged self

Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation of the incident(s)/allegation(s)?

Alleged Perpetrator (Unknown)

Determination: Unsubstantiated for Neglect Death

Summarize witnesses' descriptions of what they saw and what they believe indicates child abuse/neglect:

No witnesses located to substantiate abuse or neglect.

Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of abuse/neglect:

Evidence Does not support Abuse or Neglect findings in SIU Investigation ID: [REDACTED] ([REDACTED] Co Sheriff's Dept) Lieutenant [REDACTED] and SIU, [REDACTED] presented [REDACTED] Investigation to [REDACTED] Co CPIT Team for case classification. The CPIT Team members were in agreement with findings as "Allegations Unsubstantiated/Perpetrator Unsubstantiated" for Neglect Death against (Unknown).

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/15/2015	Contact Method:
Contact Time: 08:40 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: [REDACTED]	Created Date: 04/15/2015
Completed date: 04/15/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/15/2015 09:16 PM Entered By: [REDACTED]

Child Death Summary

Tennessee Department of Children's Services, Child Abuse Hotline received Intake [REDACTED] on Alleged Child Victim (ACV), [REDACTED] age 17, Date of Birth: [REDACTED] on December 29, 2014 at 9:33 AM for the allegation of Neglect Death severe abuse against an unknown Alleged Perpetrator (AP). The Investigation was assigned to Department of Children's Services (DCS); Child Protective Investigation Team (CPS), [REDACTED] County as a Priority One (1) response. The Investigation was transferred to DCS; Special Investigations Unit (SIU) and assigned to Special Investigator (SI), [REDACTED] on December 29, 2014 at 12:40 P.M. Notification of referral assignment made to the 19th Judicial District Attorney and [REDACTED] County Juvenile Court.

The ACV [REDACTED] is in the custody of DCS and is adjudicated delinquent. The ACV was placed into custody on August 28, 2014 by the [REDACTED] County Juvenile Court. At the time of commitment, the ACV [REDACTED] was on runaway status and was apprehended on September 7, 2014 when he was detained and placed at [REDACTED] County Juvenile Detention Center. He was then placed at [REDACTED] on September 24, 2014 and later transferred to [REDACTED] in [REDACTED] County on October 21, 2014. [REDACTED] placement ended on December 28, 2014 due to his death.

A history search was completed in the Tennessee Family and Child Tracking System (TFACTS) on ACV [REDACTED]. There was one prior DCS Investigation found in TFACTS history search (Investigation ID: [REDACTED] on October 7, 2013 involving ACV [REDACTED] and the AP was listed as [REDACTED], father. The allegation in the referral was psychological harm and the case was classified and closed as unsubstantiated.

ACV [REDACTED] was granted a home pass from December 24, 2014 to December 28, 2014 with his father, [REDACTED] who resides in [REDACTED] County. ACV [REDACTED] was due to return to [REDACTED] on December 28, 2014.

On December 28, 2014, ACV [REDACTED], a 17 year old white male, was found unresponsive in his bedroom by his father, [REDACTED]. [REDACTED] found his son at approximately 1:30 P.M. [REDACTED] called 911 and the [REDACTED] County Fire/Emergency Medical Service personnel responded to the family home and found ACV [REDACTED] unresponsive. ACV [REDACTED] was transported to [REDACTED] in [REDACTED]. After no response to resuscitation; [REDACTED] MD pronounced death at 2:24 P.M. The decedent was transported to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Center of Forensic Medicine in [REDACTED] Tennessee; for further investigation by a forensic pathologist.

Office of the Medical Examiner; Center for Forensic Medicine Forensic Pathologist; [REDACTED] M.D completed the autopsy report and pathologic diagnoses on the deceased victim. The criminal investigation was completed by Detective [REDACTED] [REDACTED] County Sheriff's Department and Lieutenant [REDACTED] [REDACTED] County Sheriff's Department. The final cause of [REDACTED] death was by hanging and circumstances of his death were ruled a suicide. SIU received a certified copy of [REDACTED] autopsy report from the Office of the Medical Examiner on January 23, 2015.

The Initial Intake referral listed the Alleged Perpetrator as unknown. Det. [REDACTED] [REDACTED] County Sheriff's Department [REDACTED] and DCS SI, [REDACTED] conducted interviews with the family, staff and medical professionals. Based on information collected during the [REDACTED] criminal investigation and DCS investigation it was determined that cause of death was suicide and no AP was identified and would remain as unknown. SI [REDACTED] conducted a home visit on December 29, 2014 and spoke with [REDACTED], father, and his girlfriend, [REDACTED]. They spent a large amount of time together during [REDACTED] home pass. Mr. [REDACTED] reported that [REDACTED] was doing well in his current placement at [REDACTED] and never alluded to any issues or concerns regarding his placement. He spoke highly of staff at [REDACTED] and his Juvenile Justice Family Service Worker, [REDACTED] [REDACTED] was close to completing the program in a few weeks and would be stepping down and perhaps returning home. [REDACTED] had recently completed his General Education Degree and was in the process of scheduling a test date to take American College Test and attend college. Mrs. [REDACTED] came to visit [REDACTED] and [REDACTED] over the holiday. She spent time with [REDACTED] during his visit and concurred that she did not note any changes in his behavior or demeanor that she found concerning.

Tennessee Department of Children's Services Policy: CPS Categories and Definitions of Abuse/Neglect

Child death is defined as: Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse. Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

On February 27, 2015, [REDACTED] County Sheriff's Department and DCS SIU presented the investigation on ACV [REDACTED] Child Death case to Child Protective Investigative Team (CPIT) [REDACTED] County. Lieutenant [REDACTED] [REDACTED] County Sheriff's Department, Section Commander of Criminal Investigations Section presented the case for classification and closure. Lt. [REDACTED] and SI [REDACTED] discussed the Medical Examiner's autopsy report on ACV [REDACTED] Forensic Pathologist; [REDACTED] M.D performed the autopsy and it was determined the cause of death was hanging and manner of death was suicide. The preponderance of evidence did not support the allegation of Child Neglect Death. Notice of Classification and a copy of (740) will be sent to [REDACTED] County Juvenile Court and District Attorney. The [REDACTED] completed their investigation and classified the death of [REDACTED] as a suicide and the DCS Investigation will be classified and closed as Allegation Unsubstantiated / Perpetrator Unsubstantiated of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2015

Contact Method:

Contact Time: 05:19 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/15/2015

Completed date: 04/15/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/15/2015 09:13 PM Entered By: [REDACTED]

4/15/15

Administrative Review

[REDACTED]
 State Director of Investigations
 Office of Child Safety
 Department of Children's Services

(SIU) Special Investigator, [REDACTED] received notification from, [REDACTED] Department of Children's Services, State Director of Investigations that the final case closure summary regarding (SIU) investigation on (ACV) [REDACTED] was approved and ready to be submitted for case closure. (SI) [REDACTED] was instructed to proceed with submitting investigation for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/10/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 04/10/2015

Completed date: 04/10/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notification of Classification

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/10/2015 09:40 AM Entered By: [REDACTED]

Notice of Classification and a copy of (740) will be sent to [REDACTED] County Juvenile Court and District Attorney.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/06/2015	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	04/06/2015
Completed date:	04/06/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 04:07 PM Entered By: [REDACTED]

Forms for [REDACTED] are in custody file.

Signatures for the following forms were not needed due to the ACV being in DCS custody: Acknowledgement of Receipt of Client's Rights Handbook; Native American Veto Verification; Notification of Equal Access to Programs and Services and Grievance Procedures; HIPPA Notice of Privacy Practices-Client Acknowledgement, and The Authorization of Release of Information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/02/2015

Contact Method:

Contact Time: 02:33 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 04:05 PM Entered By: [REDACTED]

4/2/15

Time: 2:33pm

[REDACTED] (DCS)

Contacted SI, [REDACTED] regarding a request made by (JJ/FSW) [REDACTED] that a copy of [REDACTED] custody file be sent to (SIU). SI, [REDACTED] provided the address to (SIU) Office in [REDACTED] TN.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/01/2015	Contact Method: Correspondence
Contact Time: 10:22 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: [REDACTED]	Created Date: 04/06/2015
Completed date: 04/06/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 03:59 PM Entered By: [REDACTED]

4/1/15

Time: 10:22 A.M

[REDACTED] MA

Juvenile Justice FSW

Provided the following information to SI, [REDACTED] regarding follow up information requested on (3/31/15) on (ACV) [REDACTED].
 Per your request and as instructed by Regional Administrator, [REDACTED] (JJ/FSW) [REDACTED] provided the following information regarding inquiries regarding the Christmas 2014 home pass for [REDACTED] (Case ID# [REDACTED] former DCS youth and now-deceased.

For [REDACTED] County JJ youths, home passes are requested by (DCS) but always at discretion of juvenile court unless otherwise court ordered. In this particular case, [REDACTED] Christmas 2014 home pass was proposed by Mr. [REDACTED] (Birth Father), recommended by [REDACTED] therapist, supported by FSW [REDACTED] and approved by juvenile court. As justification for this pass, FSW [REDACTED] submitted a pass request with an attached court report, which informed court of the positive drug screen after Thanksgiving home pass and why (DCS) was still submitting pass request for Christmas. The juvenile court was permitted to make an informed decision on whether or not to grant [REDACTED] Christmas pass and ultimately did grant the pass.

In some form or fashion, (JJ/FSW) [REDACTED] did communicate with all parties, including: [REDACTED] parent(s); [REDACTED] and court, and there were never any concerns regarding [REDACTED] being approved to go home despite the positive drug screen. In fact, having no knowledge of what was to come, (JJ/FSW) [REDACTED] would have been concerned if the Christmas home pass had been denied.

Information is documented in TFACTS, Recording ID# [REDACTED] pertaining to a 12/23/14 placement visit and contact with [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/31/2015 Contact Method: Correspondence
 Contact Time: 12:50 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 04/06/2015
 Completed date: 04/06/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 03:56 PM Entered By: [REDACTED]

3/31/15
Time: 12:50 P.M

SI [REDACTED] reviewed the following Department of Children's Services; Policies and Procedures. SI, [REDACTED] contacted (JJ/FSW) [REDACTED] and requested additional information and clarification regarding (ACV) [REDACTED] Administrative Policies and Procedures: 12.5 (Passes for Youth Adjudicated Delinquent);Administrative Policies and Procedures: 16.43 (Supervised and Unsupervised Visitation Between Child/Youth, Family, and Siblings); Administrative Policies and Procedures: 16.38 (Face-to-Face Visitation with Dependent and Neglected and Unruly Children in DCS Custody).

SI, [REDACTED] requested additional information regarding the following:

SI, [REDACTED] contacted (JJ/FSW) [REDACTED] requesting follow up information.

While (ACV) [REDACTED] was placed at [REDACTED] he was approved for a home visit in November of 2014 when he returned to the [REDACTED] he was administered a drug test and was positive for (THC) marijuana.

Based on the positive drug test in November of 2014 would (JJ/FSW) provide additional information explaining the process for [REDACTED] approval for a home pass in December of 2014.

Could (JJ/FSW) provide any additional information regarding discussions with [REDACTED] his dad (family) and other parties that the concern was there regarding his previous positive drug test and the importance of him refraining from Alcohol & Drug use on the Christmas pass?

Did (JJ/FSW) have any concerns regarding the Christmas pass?

SI, [REDACTED] would appreciate (JJ/FSW) input and follow up regarding the request for additional information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/06/2015 02:41 PM Entered By: [REDACTED]

Administrative Review

SI, [REDACTED] briefed Investigation on (ACV) [REDACTED] with SIU LI, [REDACTED] SI, [REDACTED] is in the process of completing the (SIU) Investigation. SI, [REDACTED] was unable to speak with [REDACTED] regarding [REDACTED] SIU LI, [REDACTED] instructed SI, [REDACTED] to document attempted interview with [REDACTED] complete the documentation and closing summary for review. Based on the medical examiner's report manner of death was suicide the investigation will be classified and closed as "Unsubstantiated".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/09/2015

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 02:25 PM Entered By: [REDACTED]

Parent/Caretaker Interview

[REDACTED], (birth mother)

(ACV) [REDACTED] (child)

SI, [REDACTED] attempted to reach [REDACTED] (mother) of (ACV) [REDACTED] SI, [REDACTED] was unable to reach Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2015

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 02:20 PM Entered By: [REDACTED]

3/5/15

Time: 11:00 AM

SI, [REDACTED] contacted [REDACTED] (counselor) at [REDACTED] to discuss the death of [REDACTED] and his placement at [REDACTED]. SI, [REDACTED] was unable to reach Ms. [REDACTED] on the number she provided. SI, [REDACTED] left a detailed message and provided contact information and requested Ms. [REDACTED] contact SI, [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2015

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 02:17 PM Entered By: [REDACTED]

3/5/15 (8:30 AM)

[REDACTED] MS, LCSW
(Safety Analyst)

[REDACTED] (Safety Analyst) contacted SI, [REDACTED] to inform SI that she rescheduled her meeting with [REDACTED] for (3/9/15) Monday at 10:00. Ms. [REDACTED] wanted to know if SI, [REDACTED] needed to reschedule as well. SI, [REDACTED] will call Ms. [REDACTED] at 11:00 AM today and we can conduct the interview over the phone due to the bad weather traveling to [REDACTED] County is too hazardous.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/04/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 02:10 PM Entered By: [REDACTED]

3/4/15 (10:00 A.M)

[REDACTED] MS, LCSW

Safety Analyst

Department of Children's Services

[REDACTED] contacted SI, [REDACTED] regarding the meeting with [REDACTED] at [REDACTED] to report that she was instructed by her director this morning that he wants Safety Analysis' interview to be separate from SIU's. [REDACTED] (Safety Analyst) schedule is flexible for the following morning regarding conducting individual interviews with [REDACTED] SI, [REDACTED] scheduled interview time for (11:00 AM). [REDACTED] (Safety Analyst) would follow up with [REDACTED] at [REDACTED] regarding conducting individual interviews.

(3/4/15)

Time: 3:40 pm

SI [REDACTED] was contacted by [REDACTED] (Safety Analyst) she spoke with [REDACTED] and she was agreeable to splitting up our meetings. [REDACTED] (Safety Analyst) scheduled to meet with Ms. [REDACTED] at 10:00 AM and she will meet with SI, [REDACTED] at 11:00 (either in person or by phone).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/04/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 01:55 PM Entered By: [REDACTED]

3/4/15 (9:00 A.M.)

SI, [REDACTED] contacted; [REDACTED] (Safety Analyst) in person and [REDACTED] RN (Child Safety Nurse)

SI, [REDACTED] discussed the possibility of increment weather. Discussed scheduling a "polycom" with [REDACTED] [REDACTED] regarding our scheduled meeting on 3/5/15 at 10:00 A.M.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 03/03/2015 Contact Method: Face To Face
Contact Time: 10:00 AM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For:
Location: [REDACTED] Created Date: 04/06/2015
Completed date: 04/06/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Collateral Contact
Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 01:53 PM Entered By: [REDACTED]

3/3/15

Time: 10:00 A.M

Child Death Review

Participants: (Special Investigator, [REDACTED], [REDACTED], Safety Analyst Department of Children's Services), and [REDACTED] RN Child Safety Nurse)

Location of meeting: [REDACTED] Department of Children's Services (SIU) Office/Conference Room

SI, [REDACTED] met with [REDACTED] (Safety Analyst) in person and [REDACTED] RN (Child Safety Nurse) participated by phone for a Child Death Review debriefing on (ACV) [REDACTED]. Discussion topics regarding [REDACTED] previous history of suicidal threats; prior home pass from [REDACTED] returned to [REDACTED] in November and drug test positive for "THC"; [REDACTED] was permitted to go on a 2nd home pass during the Christmas Holidays discussion regarding approval for pass. Protocol and procedures relating to the positive drug test as it relates to [REDACTED] being permitted to go on a 2nd home pass. Discussion of the Autopsy Report/Toxicology analysis positive for Ethanol, MDMA, hydrocodone and Nor hydrocodone (hydrocodone metabolite). The death resulted from hanging the manner was ruled suicide. Discussion of [REDACTED] Family History, associates/friends, school issues/truancy, history of A&D issues regarding [REDACTED] and [REDACTED] (Birth Mother). Prior history of domestic violence between [REDACTED] and [REDACTED] (birth father).

SI, [REDACTED] and [REDACTED] (Safety Analyst) discussed conducting a combined meeting together to speak with counselor, [REDACTED] at [REDACTED]. SI, [REDACTED] contacted [REDACTED] and scheduled face to face meeting with Ms. [REDACTED] on (3/5/15 at 10:00 A.M). SI, [REDACTED] informed; [REDACTED] (Safety Analyst) and [REDACTED] RN (Child Safety Nurse) that the meeting had been arranged with Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/27/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 11:35 AM Entered By: [REDACTED]

2/27/15

Correspondence

Child Death Review Debriefing

[REDACTED] MS, LCSW (Safety Analyst Department of Children's Services) contacted (SIU) [REDACTED] to schedule a meeting to discuss investigation regarding (ACV) [REDACTED] SI, [REDACTED] and [REDACTED] (Safety Analyst) scheduled a meeting on (3/3/15) at 10:00 A.M at the [REDACTED] (SIU) office in [REDACTED] TN.

SI, [REDACTED] informed SIU IC, [REDACTED] and SIU LI, [REDACTED] that a meeting had been scheduled with [REDACTED] (Safety Analyst) to discuss the investigation of [REDACTED] (Child Death).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/27/2015 Contact Method: Face To Face
 Contact Time: 08:30 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 04/06/2015
 Completed date: 04/06/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 02:29 PM Entered By: [REDACTED]

2/27/15

Time: 8:30 AM

CPIT (Child Protective Investigative Team)

[REDACTED] County

Child Advocacy Center

On (2/27/15) [REDACTED] County Sheriff's Department and Department of Children's Services (SIU) present the investigation on (ACV) [REDACTED] "Child Death" case to Child Protective Investigative Team (CPIT) [REDACTED] County. Lieutenant [REDACTED], [REDACTED] County Sheriff's Department, Section Commander of Criminal Investigations Section presented case for classification and closure. Lt. [REDACTED] and SI, [REDACTED] discussed the Medical Examiner's autopsy report on deceased, [REDACTED], M.D performed the autopsy and provided a certified opinion that the cause of death was hanging and manner of death was suicide. Lt. [REDACTED] informed the CPIT Team that the [REDACTED] County Sheriff's Department Detective [REDACTED] completed follow investigative task regarding the death of [REDACTED]. The [REDACTED] County Sheriff's Department did not find any evidence that [REDACTED] death was caused by mistreatment or intimidation. The [REDACTED] completed their investigation and will classify the case as a suicide.

Narrative Type: Addendum 1 Entry Date/Time: 04/10/2015 10:18 AM Entered By: [REDACTED]

(Special Investigations Unit)

Office of The Medical Examiner Center for Forensic Medicine

Case Number: [REDACTED]

Name of Decedent: [REDACTED]

Received a Certified Copy of [REDACTED] Autopsy Report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/23/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/10/2015

Completed date: 04/10/2015

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/10/2015 11:08 AM Entered By: [REDACTED]

Certified copy of the autopsy received. Cause of death reads as being suicide



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/16/2015

Contact Method: Correspondence

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 10:25 AM Entered By: [REDACTED]

1/16/15

CPIT (Child Protective Investigative Team)

[REDACTED] County

(CPIT) (SIU) Investigation on (ACV) [REDACTED] "Child Death" was not presented. Det. [REDACTED] [REDACTED] County Sheriff's Department) and (DCS/SIU) [REDACTED] have not received the Autopsy Report from the Medical Examiner's Office on (ACV) [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/15/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 11:26 AM Entered By: [REDACTED]

Notation: Medical Record ([REDACTED])
1/15/15

Correspondence made to/from SI, [REDACTED] and [REDACTED] RN (Child Safety Nurse Department of Children's Services, [REDACTED] Region). [REDACTED] requested medical records regarding, (ACV) [REDACTED] SI, [REDACTED] had not received any medical records pertaining to (ACV) [REDACTED]. On (1/20/15) (JJ/FSW) [REDACTED] sent requested Health records on [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 04/10/2015 10:13 AM Entered By: [REDACTED]

(SIU) Obtained a copy of [REDACTED] Medical and Health Records



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/02/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 12:14 PM Entered By: [REDACTED]

1/2/15
(9:00 AM)

Correspondence from (JJ/FSW) [REDACTED] to SI [REDACTED] (JJ/FSW) [REDACTED] has not spoken with [REDACTED] (mother). (JJ/FSW) [REDACTED] will be attending [REDACTED] funeral services today at the chapel of [REDACTED] [REDACTED] visitation starts at 11:00 A.M funeral is 1:00 P.M.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/31/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 12:39 AM Entered By: [REDACTED]

Notation:
Funeral Arrangements

Address: [REDACTED]

[REDACTED], age 17, passed away Sunday, December 28, 2014.

A Celebration of Life will be held at 1 p.m. Friday, January 2, 2014 at the chapel of [REDACTED]

The family will receive friends from 11 a.m. until the hour of service Friday at the funeral home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/30/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 12:05 PM Entered By: [REDACTED]

12/30/14

Correspondence

SI, [REDACTED] sent a correspondence to (JJ/FSW) [REDACTED] regarding contact with the biological mother, [REDACTED] (Birth Mother). SI, [REDACTED] could not locate demographic information on [REDACTED] (mother) of (ACV) [REDACTED]. SI, [REDACTED] inquired if (JJ/FSW) [REDACTED] had spoken with [REDACTED] mother. It was SI, [REDACTED] understanding that [REDACTED] spoke with mother by phone shortly before his death. Based on information SI, [REDACTED] obtained from the father the conversation was short but he did not express that the conversation had upset [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/30/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/04/2015

Completed date: 04/04/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2015 01:24 AM Entered By: [REDACTED]

12/30/14

SI, [REDACTED] contacted SIU IC, [REDACTED] regarding the release of [REDACTED] body to his family [REDACTED] County Sheriff's Dept) had no objections.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/30/2014

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/04/2015

Completed date: 04/04/2015

Completed By: [REDACTED]

Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/04/2015 01:20 AM Entered By: [REDACTED]

12/30/14

SI, [REDACTED] spoke with Det. [REDACTED] ([REDACTED] County Sheriff's Department) regarding releasing [REDACTED] body to his family. Det. [REDACTED] had no objection to releasing his body to his family.

Det. [REDACTED] informed SI, [REDACTED] that based on corroborative information gathered [REDACTED] death is an apparent suicide. Evidence gathered supports the initial report that [REDACTED] death was caused by hanging that was self-inflicted. Det. [REDACTED] informed SI, [REDACTED] that he's responded to the [REDACTED] residence in the past. He recalled speaking with [REDACTED] about his aggressive and physical aggression directed towards his father prior to coming into DCS custody. Det. [REDACTED] reported that his contact with the [REDACTED] Family did not pose any major concerns at the time. [REDACTED] was a typical teenager who had normal struggles with "rules" and "boundaries".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 12/30/2014 Contact Method: Phone Call
 Contact Time: 10:15 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 04/04/2015
 Completed date: 04/04/2015 Completed By: TFACTS, [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/04/2015 12:59 AM Entered By: [REDACTED]

12/30/14

SI, [REDACTED] spoke with Det. [REDACTED] (County Sheriff's Department) regarding the release of [REDACTED] body released to his family. Det. [REDACTED] informed SI, [REDACTED] that based on his preliminary investigation he Det. [REDACTED] reported that he has had previous contact with [REDACTED] and his father, [REDACTED]. He's had

Narrative Type: Created In Error Entry Date/Time: 04/05/2015 10:45 PM Entered By: [REDACTED]

Notation:

12/30/14

SI, [REDACTED] spoke with Det. [REDACTED] (County Sheriff's Department) regarding [REDACTED] remains; being released to his family. Det. [REDACTED] informed SI, [REDACTED] that based on his preliminary investigation and collaborative information obtained; [REDACTED] injuries/death were self- inflicted and an apparent suicide.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/30/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/04/2015

Completed date: 04/04/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2015 12:43 AM Entered By: [REDACTED]

12/30/14

SI, [REDACTED] was contacted by SIU IC, [REDACTED] regarding the release of [REDACTED] body to his family. IC, [REDACTED] informed SI, [REDACTED] that (DCS) Central Office has been contacted by the Medical Examiner's Office regarding releasing [REDACTED] body to his family. SI, [REDACTED] would follow up with Det [REDACTED] (County Sheriff's Dept) to verify with (CPIT) Team/Law Enforcement that the body can be released. Once, SI [REDACTED] speaks with Det. [REDACTED] regarding this matter SI will immediately contact SIU IC, [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/30/2014

Contact Method:

Contact Time: 07:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/05/2015

Completed date: 03/05/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/05/2015 04:07 PM Entered By: [REDACTED]

Initial (SDM Safety Assessment)

Initial Risk (High) Death of a child ([REDACTED])

Suspected cause of death suicide pending an autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method: Correspondence

Contact Time: 09:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/05/2015

Completed date: 03/05/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/05/2015 04:01 PM Entered By: [REDACTED]

SIU [REDACTED] contacted Referent to gather additional information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method:

Contact Time: 08:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/05/2015

Completed date: 03/05/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/05/2015 04:14 PM Entered By: [REDACTED]

Administrative Review
12/29/14
Time: 8:00 P.M

(SIU) [REDACTED] spoke with (SIU) IC, [REDACTED] after meeting with [REDACTED] (father) of deceased [REDACTED] at the family home in [REDACTED] County. SI, [REDACTED] discussed with SIU IC, [REDACTED] the information gathered during the home visit. Based on information reported by [REDACTED] (father) [REDACTED] reportedly had no issues or complaints regarding his placement at [REDACTED]. [REDACTED] had been in DCS custody approximately (4) months and in the process of completing his treatment program at [REDACTED]. Based on reported information he was about to step down in approximately 3 weeks and return home. Mr. [REDACTED] reported that his son's suicide was unforeseen based on [REDACTED] demeanor during the home visit. SI, [REDACTED] assessed initial risk regarding the home of [REDACTED] and determined there was no risk. There are no other minors residing in the home. Mr. [REDACTED] reported that [REDACTED] is his only child. Mr. [REDACTED] had sole custody of [REDACTED]. [REDACTED] had a strained relationship with his mother and contact was limited. Mr. [REDACTED] reported that there was no recent issues between [REDACTED] and his mother. SI, [REDACTED] will continue to gather additional information and complete investigation task.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 12/29/2014	Contact Method: Face To Face
Contact Time: 06:30 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: [REDACTED]	Created Date: 03/05/2015
Completed date: 03/05/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/05/2015 02:48 PM Entered By: [REDACTED]

12/29/14

Collateral Witness Interview

[REDACTED] (Girlfriend) of [REDACTED] (Father)

Interview conducted at the Residence: [REDACTED] (Father)

Time: 6:30 P.M.

SIU, [REDACTED] spoke with [REDACTED] (girlfriend) of [REDACTED] (father) during the home visit. Ms. [REDACTED] does not reside in the [REDACTED] home. She came to visit over the holiday. She spent a lot of time with [REDACTED] during the visit and did not note any changes in his behavior or demeanor that she found concerning. Ms. [REDACTED] reported that she has been dating Mr. [REDACTED] since November of 2013. She had initially planned on riding with [REDACTED] and Mr. [REDACTED] to [REDACTED] County on (12/28/14). When [REDACTED] found out that [REDACTED] father would not allow her to accompany them to [REDACTED] County she made plans to go back home. She took a short nap because she had been up most of the night with Mr. [REDACTED] due to a recent bout he had with the flu. She took a short nap and packed up her belongings to go back to her home. She told [REDACTED] goodbye and she would see him soon. She reported that he said goodbye and she left the residence.

Ms. [REDACTED] reported that [REDACTED] had some issues regarding alcohol and drugs and defiant behavior but he appeared to be working on making positive choices. She discussed [REDACTED] recent breakup with [REDACTED] [REDACTED] and she talked about having positive influences in his life. She alluded to SI that she felt that [REDACTED] was not a positive role model and he would be better off disassociating himself from her. She also expressed to [REDACTED] that when he returned home he should find more positive people to associate with to keep himself out of trouble. [REDACTED] agreed that he needed to make some changes. Ms. [REDACTED] reported that [REDACTED] was an extremely social person and charming. He was never disrespectful to her and their time together was always pleasant. Ms. [REDACTED] was still in disbelief that [REDACTED] committed suicide.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 12/29/2014	Contact Method: Face To Face
Contact Time: 06:00 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: [REDACTED]	Created Date: 01/08/2015
Completed date: 01/08/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/08/2015 07:19 PM Entered By: [REDACTED]

12/29/14

Home Visit

Residence: [REDACTED] (Father)

Time: 6:00 P.M.

SI, [REDACTED] conducted a home visit to speak with [REDACTED] father; [REDACTED] SI, [REDACTED] introduced herself to Mr. [REDACTED] and explained the nature of the home visit. Mr. [REDACTED] invited SI, [REDACTED] inside to talk about his son; [REDACTED] SI, [REDACTED] spoke privately with Mr. [REDACTED] regarding the suicide of his son; [REDACTED] Mr. [REDACTED] reported that on the morning of December 28, 2014 [REDACTED] had gotten up early to visit his ex-girlfriend; [REDACTED] before he returned to [REDACTED] in [REDACTED] County, Tennessee. Mr. [REDACTED] reported that the drive was approximately three hours from his residence in [REDACTED] County. [REDACTED] returned from visiting [REDACTED] and was upset because she was grounded and was not going to be able to accompany them on the drive. Mr. [REDACTED] had arranged for his girlfriend; [REDACTED] to also accompany them on the drive to [REDACTED] County if [REDACTED] was going to also accompany them. Mr. [REDACTED] informed Ms. [REDACTED] that she did not need to ride with them to [REDACTED] County since [REDACTED] was not going to be able to go. Mr. [REDACTED] could tell by [REDACTED] actions that he was in a bad mood and he felt it was best that they go to [REDACTED] County alone. He thought this would be a good time for them to spend some time alone talk.

SI, [REDACTED] asked Mr. [REDACTED] if [REDACTED] had made any resent threats or innuendos that he was going to harm himself. Mr. [REDACTED] reported, "No". [REDACTED] did not leave any type of suicide note or make any references that he was thinking about harming himself. [REDACTED] had made threats in the past but according to Mr. [REDACTED] [REDACTED] only did so when the police were involved. Mr. [REDACTED] went on to explain that [REDACTED] had a temper and when he did not get his way he could be very intimidating. Mr. [REDACTED] reported that [REDACTED] actions became frightening on several occasions and he called the police. The police spoke with [REDACTED] on several occasions. [REDACTED] was wise and he knew that if he mentioned "thoughts" of suicide he would not go to detention. Mr. [REDACTED] is a frail man with only one lung. According to Mr. [REDACTED] description of [REDACTED] appearance he weighed over 250 pounds and towered over him in height.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: CPS Special Investigation

Ms. ██████ had been up most of the night with Mr. ██████ due to his resent bout with the flu. Ms. ██████ informed Mr. ██████ that she was going to take nap before packing her belongings to return home. Mr. ██████ and ██████ spoke briefly ██████ appeared to have calmed down. He referenced that ██████ was upset that ██████ was not going to be able to ride with them back to ██████ ██████ Mr. ██████ reported that ██████ calmed down. He informed his father that he was going to take a nap before they drove back to ██████ and asked his father to wake him up around 1:30 P.M. ██████ went to his bedroom. Around 12:45 P.M. ██████ sister; ██████ age 25 came by to say goodbye to ██████ before he left. "Mr. ██████ informed SI, ██████ that ██████ is not his biological child but raised her from the age of 1 year when he met her mother". Around 1:00 P.M. ██████ mother; ██████ called and they spoke briefly on the phone. The conversation was short and appeared pleasant in nature. Mr. ██████ reported that he heard noise coming from ██████ room during this time but nothing that seemed concerning. Shortly before 1:30 P.M he went to ██████ bedroom to ensure he was up and getting ready to return to ██████ ██████ Mr. ██████ attempted to enter ██████ room and the bedroom door was locked so he knocked several times but ██████ did not respond. Mr. ██████ located an interior door key and opened ██████ bedroom door. He entered ██████ bedroom and found ██████ hanging inside his closet from a closet rod. Mr. ██████ reported that ██████ had taken a closet rod and placed it inside the attic entrance frame inside his bedroom closet. ██████ had made a noose from a rope. Mr. ██████ was unsure where ██████ obtained the rope. He cut ██████ from the rope and immediately called (911) and started "CPR". Mr. ██████ reported to SI, ██████ that ██████ was unresponsive but he attempted to resuscitate ██████ Mr. ██████ could see a ligature mark on his neck area where he had placed the noose.

Emergency Medical Service "EMS" and ██████ Sheriff's Department arrived at the residence and ██████ was transported to ██████ in ██████ County. ██████ was unresponsive and pronounced dead at ██████ on December 28, 2014.

SI, ██████ and Mr. ██████ spoke at great length during the two hour visit. Mr. ██████ informed SI, ██████ that ██████ was close to finishing his treatment program at ██████ and was about to step-down in approximately three weeks. Mr. ██████ reported that ██████ visit went well. ██████ purchased several t-shirts, hats and clothes during his visit. He reported that ██████ had no complaints regarding his placement at ██████ and had great respect and admiration for his counselor; ██████. Mr. ██████ asked SI, ██████ to inform Ms. ██████ that ██████ spoke about her frequently and would often quote her.

Mr. ██████ informed SI, ██████ during the visit that ██████ funeral would be at ██████ in ██████ TN. They plan to hold a memorial service for ██████ later this week and then he will be cremated and his ashes will be placed in a military cemetery in ██████ Mr. ██████ reported that ██████ will be placed in his lot and when he passes ██████ will be placed on top of him in the same plot. SI, ██████ asked about ██████ relationship with his mother. Mr. ██████ explained that his mother love gambling and drinking more than being a mother. He had sole custody of ██████ ██████ relationship with his mother was rocky and they had their ups and downs but they had been getting along recently. He reported that ██████ did not have any issues over the holiday pass other than the recent talk of breaking up with his girlfriend; ██████ ██████ is 16 years old and ██████ was 17 and placed over three hours away he could tell that there was some tension between the two. However, they were still talking and visited with each other over the break. Mr. ██████ reported "we" will never really know what was going through ██████ mind when he felt suicide was his only option. ██████ was doing well in his placement at ██████ he never made any statements that he was having any issues or problems at his placement. The only comment he could recall was that ██████ stated, "I will always be a gang member and I will always associate with them there is no getting away from them or the lifestyle". SI, ██████ asked Mr. ██████ if that statement was factual. Mr. ██████ reported, "No, he was not in a gang". He did however associate with people that Mr. ██████ felt were a bad influence. Mr. ██████ had even expressed to ██████ that when he returned home he could change his life for the better if he would cut all association with those "friends". ██████ had no reason to continue to associate with them when he returned home other than his admitted use of marijuana. Mr. ██████ felt that was how ██████ got access to marijuana.

SI, ██████ provided SIU cell phone number and informed Mr. ██████ to contact SI if he or his family needed assistance. SI, ██████ informed Mr. ██████ that counseling services are available to him and his family and they can contact SI, ██████ or the Department of Children's Services. Mr. ██████ is retired military and advised SI that counseling is also available through the military and would make arrangements if needed. SI, ██████ concluded conversation with Mr. ██████ and spoke with ██████ before leaving the residence.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 12/29/2014 Contact Method: Correspondence
Contact Time: 05:11 PM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For:
Location: [REDACTED] Created Date: 04/06/2015
Completed date: 04/06/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Collateral Contact
Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/06/2015 12:30 AM Entered By: [REDACTED]

Collateral Witness
(Special Investigations Unit)
Special Investigator, [REDACTED] was provided the following information on (ACV) [REDACTED]

Department of Children's Services; Juvenile Justice Family Service Worker (JJ/FSW) [REDACTED] (JJ/FSW) [REDACTED] received the following information on (12/29/14) from Mr. [REDACTED] (Birth Father) that [REDACTED] age 17 (DCS Custodial Youth) attempted suicide on 12/28/14 and is now deceased. On 12/29/14 at approximately 8:55AM, I received a phone call from (ACV) [REDACTED] current placement, [REDACTED] they informed (DCS) that [REDACTED] had not returned from his 96-hour Christmas home pass that was approved for the time frame (12/24/14 (5PM) through 12/28/14 (5PM)). [REDACTED] contacted [REDACTED] (father) and informed that [REDACTED] had attempted suicide and had been taken to [REDACTED] later clarified as [REDACTED] TN. (JJ/FSW) [REDACTED] immediately called [REDACTED] (father) to obtain information on [REDACTED] current medical condition. (JJ/FSW) [REDACTED] was notified by Mr. [REDACTED] (father) that (ACV) [REDACTED] had committed suicide and was deceased. The suicide occurred on (12/28/14) prior to [REDACTED] returning to his current placement at [REDACTED] in [REDACTED] TN.

(JJ/FSW) [REDACTED]; Per Administrative Policies and Procedures: 20.27 Child Death/Near-Death Rapid Response State of Tennessee Department of Children's Services

"The Department of Children's Services (DCS) Employees, Contract Agency Employees and Resource Parents shall comply with State and Federal statutes and DCS policies, procedures and protocols when child death/preliminary near death occurs. DCS shall utilize an internal rapid response system to notify appropriate Executive Management, appropriate staff, other entities, and families of child death or preliminary near death occurrences."

The death of [REDACTED] was reported to the Department of Children's Services Child Abuse Hotline the Intake was initially assigned to [REDACTED] County Child Protection Services for investigation but transferred to Special Investigations Unit (SIU).

(JJ/FSW) [REDACTED] discussed the ensuing (DCS/CPS) investigation with [REDACTED] (father). (JJ/FSW) [REDACTED] [REDACTED] discussed [REDACTED] funeral and burial benefits. Mr. [REDACTED] communicated with (FSW) that he would need



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

assistances from (DCS) regarding burial expenses. Mr. [REDACTED] articulated that he wanted [REDACTED] viewing and services held on the same day. He conveyed that his wishes are to have [REDACTED] cremated after the services and his remains transported to [REDACTED] State Cemetery for Veteran's and Dependents.

(JJ/FSW) [REDACTED] confirmed the death of [REDACTED] [REDACTED] and [REDACTED] (JJ/FSW) [REDACTED] was informed by Detective [REDACTED] [REDACTED] County Sheriff's Department) confirmed that that [REDACTED] passed away on (12/28/14) by apparent suicide. [REDACTED] was found by his father inside his bedroom. [REDACTED] appeared to have hung himself with a rope. He was found unresponsive by his father (911) was immediately called and upon arrival to the family's residence in [REDACTED] County found, [REDACTED] unresponsive. He was transferred to [REDACTED] in [REDACTED] TN by ambulance. He was pronounced deceased at [REDACTED] on (12/28/14).

(JJ/FSW) [REDACTED] accompanied Mr. [REDACTED] and family to [REDACTED] TN.
 (JJ/FSW) [REDACTED] explained (DCS) involvement and discussed that (DCS) would provide financial assistance to the family.

(JJ/FSW) [REDACTED] obtained (2) additional quotes for funeral and burial expenses. Mr. [REDACTED] expressed that he could not emotionally handle obtaining the additional quotes. (JJ/FSW) [REDACTED] spoke with Office of the Medical Examiner's office. He was informed that the autopsy was completed and requested a copy be sent to (DCS) when completed. (JJ/FSW) [REDACTED] faxed custodial documentation to the Medical Examiner's office requesting that [REDACTED] remains are not to be released without (DCS) authorization.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Service Planning, Well Being

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/08/2015 04:01 PM Entered By: [REDACTED]

Alleged Child Victim: [REDACTED]

Date of Birth: [REDACTED]

Deceased: 12/28/2014

[REDACTED] County Medical Examiner's Office

Address: [REDACTED]

Note:

It is not required for the DCS case manager to observe the deceased child



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 12/29/2014 Contact Method: Correspondence
Contact Time: 03:00 PM Contact Duration: Less than 30
Entered By: [REDACTED] Recorded For:
Location: [REDACTED] Created Date: 01/08/2015
Completed date: 01/08/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Collateral Contact
Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/08/2015 03:48 PM Entered By: [REDACTED]
Notification of Case Assignment
SIU, [REDACTED] contacted the following Department of Children's Services staff of case assignment regarding "Child Death" case on [REDACTED]

[REDACTED] MA (Juvenile Justice FSW)
[REDACTED] (Regional Administrator)
[REDACTED] (Team Coordinator)

[REDACTED] TC) contacted the Medical Examiner's office to confirm the deceased; [REDACTED] was at the EM's office and not to release the body until the Department of Children's Service gives permission.

[REDACTED] (R.A) Informed SI, [REDACTED] that [REDACTED] father is coming to the [REDACTED] Co. office this afternoon (12/29/14). [REDACTED] confirmed that Det. [REDACTED] with the [REDACTED] County Sheriff's Department was the officer that responded to the scene. [REDACTED] body was transported to [REDACTED] Medical examiner's office.

Note: [REDACTED] father reported that [REDACTED] never went to [REDACTED] Mr. [REDACTED] reported that [REDACTED] was dead when he found him at home and the police were called. The police reported that the child was transported to [REDACTED] in [REDACTED] TN and is now at the [REDACTED] Medical Examiner's office.

Narrative Type: Addendum 1 Entry Date/Time: 04/04/2015 12:35 AM Entered By: [REDACTED]
[REDACTED] M.S.
Department of Children's Services
Regional Administrator ([REDACTED])

Initial follow up Information regarding investigation on (ACV) [REDACTED]

[REDACTED] age 17 years old entered the custody of (DCS) on 8/28/14 as a Juvenile Justice youth in [REDACTED] County.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

[REDACTED] came into custody of (DCS) due to charges of Domestic assault against his father, [REDACTED] [REDACTED] (father) had primary custody of his son, [REDACTED] was placed at [REDACTED] in October of 2014 and reportedly doing very well at [REDACTED] [REDACTED] recently passed his General Education Degree (GED) test and was scheduled to take the (ACT) in February of 2015. (DCS) was in the process of discussing stepping [REDACTED] down from [REDACTED] program because he was doing so well.

(ACV) [REDACTED] was granted a holiday pass with his father, [REDACTED] over the Christmas Holiday. When [REDACTED] failed to return to [REDACTED] on (12/28/14) staff from [REDACTED] called [REDACTED] (father) to inquire why [REDACTED] had not returned from his home visit. [REDACTED] reported that [REDACTED] (father) told [REDACTED] that [REDACTED] had attempted suicide and was at [REDACTED] hospital it was later determined that this was not accurate and [REDACTED] was taken by ambulance from his family residence to [REDACTED] TN. (DCS) Juvenile Justice Family Service Worker, [REDACTED] received a message from [REDACTED] on the morning of (12/29/14) regarding [REDACTED] JJ/FSW), called [REDACTED] (father) of [REDACTED] to inquire on [REDACTED] medical condition. [REDACTED] (father) informed [REDACTED] (JJ/FSW) that [REDACTED] had passed away. [REDACTED] (Regional Administrator) instructed [REDACTED] (JJ/FSW) to contact the medical examiner's office and inform them that [REDACTED] is currently in the custody of the Department of Children's Services. (DCS) request that the body of (ACV) [REDACTED] not be released until they have spoken with (DCS). Noted possible prior history regarding suicide threats and possible hospitalization regarding [REDACTED] (ACV).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method:

Contact Time: 02:10 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2015 03:45 PM Entered By: [REDACTED]

Case Summary:

SIU, [REDACTED] reviewed case history and correspondences regarding "Child Death" case on [REDACTED] SI, [REDACTED] noted that based on information gathered [REDACTED] was in [REDACTED] County when he committed suicide. Based on this information SI, [REDACTED] was uncertain that information obtained at this point of the investigation that [REDACTED] was transported to [REDACTED] in [REDACTED] County was accurate. SI, [REDACTED] contacted Special Investigations Unit; Investigator Coordinator; [REDACTED] who informed SI, [REDACTED] that [REDACTED] was transported to [REDACTED] County.

This information was confirmed with Detective [REDACTED] ([REDACTED] County Sheriff's Department) that EMS was called by [REDACTED] Father and [REDACTED] was transported [REDACTED] on 12/28/14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/29/2014 Contact Method: Correspondence
 Contact Time: 02:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 01/07/2015
 Completed date: 01/07/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/07/2015 09:52 PM Entered By: [REDACTED]

CPIT (Child Protective Investigative Team)

Investigation assigned to [REDACTED] County Sheriff's Department

Det. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/29/2014 Contact Method:
 Contact Time: 01:45 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 01/07/2015
 Completed date: 01/07/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/07/2015 09:49 PM Entered By: [REDACTED]

Department of Children's Service Placement History

DOB: [REDACTED]

[REDACTED] Institution Begin Date: 10/21/2014 End Date: 12/28/2014
 [REDACTED] Group Home Begin Date: 09/24/2014 End Date: 10/21/2014
 [REDACTED] Institution Begin Date: 09/07/2014 End Date: 09/24/2014
 [REDACTED] Begin Date: 08/28/2014 End Date: 09/07/2014

Summary:

On 8/12/14 [REDACTED] (16), had been on county probation, was adjudicated for committed in to DCS custody on stay and was to be monitored on state probation for adjudications of Simple Possession (THC), two counts of Violation of Probation (County); and Unruly.

Noted Observation: During 8/12/14 contact, [REDACTED] had no known or reported injuries or ailments and reported no concerns.

Based on reports of continued unruly and truant behavior, on 8/25/14 [REDACTED] was detained through his detention hearing on 8/28/14. On 8/28/14 [REDACTED] appeared before the [REDACTED] County Juvenile Court and the Honorable Judge [REDACTED] who lifted [REDACTED] stay and placed [REDACTED] in the custody of DCS.

[REDACTED] case was assigned to Juvenile Justice (JJ) Family Service Worker (FSW) [REDACTED] will arrange meetings and visitation with his family to complete additional paperwork and discuss probation expectations. FSW [REDACTED] and/or the DCS JJ Team will continue to monitor [REDACTED] health and safety and compliance via periodic home, school and/or office visits.

On 8/28/14 [REDACTED] (16; DCS Custodial Youth) appeared before the [REDACTED] County Juvenile Court and the Honorable Judge [REDACTED] who lifted [REDACTED] stay and placed [REDACTED] in the custody of DCS. Based on reports of continued unruly and truant behavior, on 8/25/14 [REDACTED] who had been committed with stay and monitored on state



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

probation for adjudications of Simple Possession (THC), two counts of Violation of Probation (County); and Unruly, was detained through this 8/28/14 hearing/trial.

While in detention [REDACTED] broke left forearm and had medical appointment with PCP at [REDACTED] in [REDACTED] at 4PM this day (8/28/14). Following the appointment, [REDACTED] took his father's cell phone and ran down the stairway out of building and down the northbound edge of [REDACTED] Boulevard. Though DCS policy restricts DCS workers from physically apprehending runaway youths, FSW [REDACTED] did pursue [REDACTED] on foot in effort to report [REDACTED] location to law enforcement. FSW [REDACTED] pursued [REDACTED] until [REDACTED] ran into woods. FSW [REDACTED] contacted 911 and law enforcement responded to scene. While [REDACTED] was in the woods, [REDACTED] tumbled down a steep ravine, hopped a barrier fence and ran up the other side out of visual contact.

On 9/7/14 Juvenile Justice (JJ) Family Service Worker (FSW) [REDACTED] was informed that [REDACTED] had been apprehended and was in custody. DCS Placement secured placement for [REDACTED] age 16 at [REDACTED] County Detention Center.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/07/2015 09:12 PM Entered By: [REDACTED]

SIU, [REDACTED] conducted TFACTS History Search on [REDACTED]

TFACTS Health Services

Medication: N/A

Special Needs: Allergies Food (lactose intolerant) 08/28/2014 Clinically Diagnosed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method:

Contact Time: 01:05 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/07/2015 08:46 PM Entered By: [REDACTED]

TFACTS History Search conducted by SIU, [REDACTED] regarding Alleged Child Victim; [REDACTED]

No Prior SIU History

(1) Prior Investigation found on ACV: [REDACTED]

Investigation ID: [REDACTED] (10/2013)

Alleged Child Victim: [REDACTED]

Date of Birth: [REDACTED]

Alleged Perpetrator: [REDACTED] (Biological Father)

Allegation: Psychological Harm

Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method:

Contact Time: 12:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/07/2015 08:40 PM Entered By: [REDACTED]

Case Intake Debriefing

SIU, [REDACTED] debriefed case with Special Investigations Unit Investigator Coordinator; [REDACTED] IC, [REDACTED] provided SI, [REDACTED] with referral intake ID. SI, [REDACTED] will review information reported in Intake regarding "Child Death" case on Alleged Child Victim; [REDACTED] SI, [REDACTED] will consult with IC, [REDACTED] after reviewing Intake and case history.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/29/2014 Contact Method:
 Contact Time: 12:40 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 01/07/2015
 Completed date: 01/07/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/07/2015 08:37 PM Entered By: [REDACTED]

The Department of Children's Service received the following referral (Date & Time Created: 12/29/14 09:33 AM) regarding Alleged Child Victim; [REDACTED] age 17 regarding allegations of "Neglect Death". The alleged perpetrator; "Unknown". The Intake received by the Child Abuse Hotline on (12/29/14) was initially assigned to Department of Children's Service [REDACTED] County Child Protection Services. The investigation was reassigned to The Department of Children's Service "Special Investigations Unit" on (12/29/14). SIU Investigator; [REDACTED] was assigned the case on (12/29/14) as a Priority 1 Investigation at approximately 12: 40 P.M.

Track: Special Investigation (SIU)

Priority: 1

County of Residence/Commitment: [REDACTED] County

County of Incident: [REDACTED] County

Allegation: Neglect Death (S)

Alleged Child Victim [REDACTED]

Date of Birth: [REDACTED]

Adjudication: Delinquent

Adjudication Date: 08/14/2014

Alleged Perpetrator: Unknown Participant [REDACTED]

Reporter states: [REDACTED] (17) was in DCS custody and placed at [REDACTED] in [REDACTED] TN. [REDACTED] father is [REDACTED] and he resides in [REDACTED] County. There is no one else living in the home. [REDACTED] had a home pass from 12-24-14 through 12-28-14. [REDACTED] was supposed to be with his father in [REDACTED] TN



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: CPS Special Investigation

during that time.

This morning ██████████ counselor, ██████████ advised that ██████████ did not return from his home pass on December 28, 2014. Ms. ██████████ advised that she spoke with Mr. ██████████ this morning (no specific time given) and that Mr. ██████████ advised that ██████████ attempted suicide December 28, 2014 and that he had been rushed to ██████████. At this time, it is unknown if this is the ██████████ location in ██████████ County or another location. The reporter then contacted Mr. ██████████ after speaking with ██████████. Mr. ██████████ was asked how ██████████ was doing. Mr. ██████████ advised that ██████████ had passed away. Mr. ██████████ was not asked about the details regarding ██████████ reported suicide.

The reporter does not know what the stressors were that caused ██████████ to commit suicide. ██████████ has had four prior psychiatric commitments in the last two years due to suicidal and homicidal ideations. The reporter was advised that per policy they are to call in this referral so that the matter can be investigated.

At this time, it is unknown where the alleged suicide occurred. It is unknown where ██████████ body is at this time. The reporter was advised by Regional Administrator, ██████████ and Team Coordinator, ██████████ to contact ██████████ and request that they not release ██████████ body until an autopsy is completed. Personnel at ██████████ are not yet aware of ██████████ passing. The reporter has not spoken with law enforcement. The reporter does not have any further details regarding this matter at this time.

The address for ██████████ is ██████████
 Special Needs or Disabilities: None known or reported.

Any other safety concerns for the worker who may respond: None known

Extended intake: Date/Time of the extended referral: 12/29/14 @ 10:50am

Referral ID #: ██████████

Date of referral: 12/29/14

Victim(s) name: ██████████

New information that needs to be included in the original referral:

CM ██████████ spoke with Team Coordinator ██████████ with ██████████ County. Ms. ██████████ stated the Regional Administrator, ██████████ advised Team Coordinator, ██████████ and CM ██████████ to contact ██████████ and request that they not release ██████████ body until an autopsy is completed. It is still unknown in which ██████████ is, according to TC ██████████. CM ██████████ spoke with ██████████ at ██████████. CM ██████████ is waiting for a call from ██████████ at this time.

Date/Time of the extended referral: 12/29/14 @ 12:23pm

Referral ID #: ██████████

Date of referral: 12/29/14

Victim(s) name: ██████████

New information that needs to be included in the original referral:

██████████ informed CM ██████████ on 12/29/14 @ 12:23pm that he spoke with ██████████ (██████████) with ██████████. Ms. ██████████ informed CM ██████████ that ██████████ did not have any records of ██████████ being at their hospital. CM ██████████ stated he is calling around to all of the local hospital to find out where ██████████ is located. The father is an ex-military.

Narrative Type: Addendum 1 Entry Date/Time: 04/10/2015 09:38 AM Entered By: ██████████

Notification of referral assignment made to the ██████████ Judicial District Attorney and ██████████ County Juvenile Court.